

GUNNERY DEPARTMENT

Inprocessing

*(Read Privacy Act statement below before filling out form.)

Last Name, First Name, Middle									
Rank:			Date of Rank:			SSN:			
Date of Birth:			Place of Birth:						
Local Address:							Phone:		
City:					State:		Zip:		
Spouse Full Name:						Spouse DOB:		Accompanied: <input type="checkbox"/> Y <input type="checkbox"/> N	
Child #1 – Name/Age					Child #2 – Name/Age				
Child #3 – Name/Age					Child #4 – Name/Age				
Next of Kin:						Relationship:			
Address/City/State/Zip:							Phone:		
Home of Record:						Civilian Ed Level:		Military Ed Level:	
Awards/Decorations:		# Bronze Star __	# MSM __	# ARCOM __	# AAM __	#NAM	Others:		
PMOS:		SMOS:		BASD:		BPED:			
APFT/PFT:		Date:		Score:		Height:		Weight:	
Blood Type:		GT Score:		Last OER?NCOER/Fitness Report:					
PUHLES:		Weapons Qual:				ETS Date:			
<input type="checkbox"/> AUSA		<input type="checkbox"/> NCOA		<input type="checkbox"/> FA ASSOC			<input type="checkbox"/> O'CLUB		
Government Travel Card Holder?				<input type="checkbox"/> Yes			<input type="checkbox"/> No		
OFFICERS ONLY									
Source Com:			Br Svc:			Comp:			
Btry Cmdr	<input type="checkbox"/> Yes	<input type="checkbox"/> No	CAS3	<input type="checkbox"/> Ph1	<input type="checkbox"/> Ph2	COSC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Last Duty Assignment/Position:						Anniversary Date:			
CIVILIAN PERSONNEL ONLY									
Job #:					Grade/Step:				
Years Federal Service:					Years Military Service:				
PRIVACY ACT STATEMENT *With full knowledge of the provision of Public Law 93-579, Section 7 regarding disclosure of social security number, home address, and related personal data, I voluntary consent to use of personal information used on this Gunnery Department sheet.									
Date Assigned Gunnery Dept:					Date Assigned Fort Sill:				
Signature:									